

**FORM 941A-ME**

2010

**MAINE REVENUE SERVICES
AMENDED RETURN
OF MAINE INCOME TAX WITHHOLDING**



1006320

Period Covered: / / 10 to / / 10
MM DD YY MM DD YY

Withholding Account Number: _____ - _____ Name and Address: _____ Name _____ Address _____ City State ZIP Code	1. Withholding originally reported for the quarter \$ _____ , _____ , _____ • _____ 2. Correct withholding for the quarter..... \$ _____ , _____ , _____ • _____ 3. Amount of adjustment (+ or -) (see instructions) \$ _____ , _____ , _____ • _____ 4. Underpayment to be paid (line 3 amount is negative) \$ _____ , _____ , _____ • _____ 5. Overpayment to be refunded (line 3 amount is positive)..... \$ _____ , _____ , _____ • _____
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If this Form 941A-ME is received after the end of the tax year to which it applies, the section below must be completed. Please check each box that applies and attach a detailed explanation of the adjustments and all supporting documentation to this return.

- ☐ I certify that the overpayment on line 5 is not attributable to income taxes withheld from employees, payees or members.
- ☐ I certify that payee statements (Forms W-2/W-2C or original/corrected 1099 statements) have been issued to employee(s), payee(s) or member(s) as listed on Schedule 2A of Form 941A-ME, and I am enclosing copies of these forms to verify my refund request.
- ☐ I am enclosing an amended Form W-3ME (Reconciliation of Maine Income Tax Withheld) to reflect changes made on Form 941A-ME.

6. Explanation of adjustments:

Note: Pursuant to 36 MRSA § 5276, if there is an overpayment of tax required to be deducted and withheld under § 5250, a refund shall be made to the employer only to the extent that the overpayment was not deducted and withheld by the employer.

Under penalties of perjury, I certify that the information contained on this return and attachment(s) is true and correct, and that portion of overpayment identified on line 5 attributable to over collected withholding tax for the current calendar year has been repaid to employees and written statements have been obtained from each employee stating that the employee has not claimed and will not claim a refund or credit of the amount of the over collection.

Signature: _____ Title: _____ Date: _____

Print Name: _____ Telephone: _____ Contact person email: _____

For Paid Preparers Only

Paid Preparer's Signature: _____ Date: _____ Telephone: _____

Firm's Name (or yours, if self-employed): _____ Paid Preparer EIN: _____

Address: _____ Maine Payroll Processor License Number: _____



Make check payable to: **Treasurer, State of Maine**

Mail return and check (if applicable) to: **Maine Revenue Services**
P.O. Box 1061
Augusta, ME 04332-1061

Office PWD
use only

SCHEDULE 2A (FORM 941A - ME) 2010



99

1006302

Name: _____

Withholding
Account No.: _____

Period Covered: _____ - _____

INDIVIDUAL EMPLOYEE / PAYEE / MEMBER WITHHOLDING CORRECTIONS

Check here if this is an EIN

A	B	C	D	E
Payee Name (Last, First, MI)	Social Security Number		Originally Reported Withholding	Correct Withholding
a. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
b. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
c. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
d. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
e. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
f. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
g. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
h. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
i. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
j. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
k. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
l. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
m. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
n. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
o. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
p. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
q. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
r. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
s. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
t. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
u. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
v. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
w. _____	_____ - _____ - _____	_____	\$ _____ , _____ . _____	\$ _____ , _____ . _____

1. Total of columns D and E on this page..... 1a. \$ _____ , _____ , _____ . _____ 1b. \$ _____ , _____ , _____ . _____

Total of columns D and E for ALL pages..... 2a. \$ _____ , _____ , _____ . _____ 2b. \$ _____ , _____ , _____ . _____